

STATE OF VERMONT
HUMAN SERVICES BOARD

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| In re |) Fair Hearing No. Y-03/09-155 |
| |) |
| Appeal of |) |

INTRODUCTION

The petitioner appeals the decision by the Department for Children and Families, Health Access Eligibility Unit limiting her Medicaid coverage for dental services to an annual maximum of \$495. A telephone hearing in the matter was held on April 3, 2009.

DISCUSSION

The facts are not in dispute. The petitioner is a recipient of Medicaid who is currently undergoing extensive dental work. Thus far in 2009 she has incurred dental expenses of \$431. She maintains that she still needs four more fillings and additional examinations that will cost an additional \$610. She also maintains that if she is unable to obtain these services she may need root canals and other emergency work in the future.

"Dental services" for persons twenty-one and over are defined in state and federal regulations as "preventive, diagnostic, or corrective procedures involving the oral

cavity and teeth". Such services are "optional" for states to provide under federal law (see 42 C.F.R. § 440.225). Included in Vermont's list of services covered under this category is "restoration of decayed teeth". W.A.M. § M621.3. However, the Vermont regulations specifically restrict Medicaid coverage for *all* dental services to a maximum of \$495 a year per patient. *Id.* § M621.4.

At the hearing the petitioner was advised that she could apply for general assistance (GA) if she could show that her dental condition constituted a medical emergency under the regulations governing that program. However, inasmuch as the annual \$495 cap on dental services under Medicaid is clearly set out in the regulations, the Board is bound by law to affirm the Department's decision in this regard. 3 V.S.A. § 3091(d), Fair Hearing Rule No. 1000.4(D).

ORDER

The Department's decision is affirmed.

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